## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

JUL 25 2018

I. Name of Lobbyist(s)		······································	NEW HAMPSHIRE DEPARTMENT OF STATE
Charter Communica			
(Name of partnership,			
400 Atlantic Street	. Stamford	СТ	06901
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(203) 561-3492	( )	e-mail michael.chowar	niec@charter.com
(Telephone)	(Fax)	e-man interactionwai	neo(typinalter.com
III. This statement covers: (Choose or reportable expense transactions which	ch are not attributable to	any one client).	
All reportable transactions occurring	-	e reporting date relative to the for	nowing chem.
	nunications, Inc.	eviet Presistantian Form	
OR	nent as it appears on the Loo	byist Registration Form)	
All reportable transactions by the lounrelated to any particular client.	obbyist (including the lobb	yist's family), or the lobbying firr	n listed below which are
IV. Date of Report activity from date of Reports cover:	5, 2018 registration to 3/31/18	July 25, 2018	
October 31, 2 activity from 7/1/		January 30, 2019 🗍 activity from 10/1/18 to 12/31/18	e e e
V. There have been no fees receiv If this box is checked, complete just thi Concord, NH 03301.	ved and no reportable t is form and submit it to the	ransactions made since the la Secretary of State's Office, State	ast report. 🛚 Nouse, Room 204,
VI. Check if additional reports are a	ttached:		
If you have received fees or made		e Addendum A- Fees and Expen	ses
☐ If you have paid an honorarium or Expense Reimbursement	-		
If you, your firm, or your family h	as made political contribut	ions, you must file Addendum C	- Political Contributions
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle	14-C and RSA 664 and head ge and belief.	reby swear or affirm that the foreg	going information is true
12- d		7/19/2018	
(Signature of lobbyist)	,———	(Date)	
Michael A. Chowaniec			
(Print Name of lobbyist)		•	